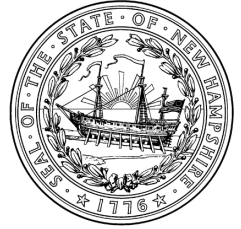


State of New Hampshire



WATER DIVISION
WASTEWATER ENGINEERING BUREAU
29 HAZEN DRIVE
CONCORD, NEW HAMPSHIRE 03301
(603) 271-3908



APPLICATION FOR WAIVER

Pursuant to: Env-Wq 1616 - Septage Management Rules

I. APPLICANT INFORMATION

1. Name of Applicant: _____
Address: _____ Zip _____
Home Phone #: (____) _____
2. **Facility/Site/Business Information (as applicable):**
Name of Business: _____
Address: _____ Zip _____
Tax Map #: _____ Lot#: _____ Deed Reference: _____
3. **Owner Information (if different from above):**
Name of Owner: _____
Address: _____ Zip _____
Owner's Phone #: (____) _____

II. ACTIVITY TO WHICH THIS REQUEST RELATES

Septage Facility Permit Application	Septage Site Permit Application
Existing Septage Facility	Existing Septage Site
Facility Permit # _____	Site Permit # _____
Septage Hauler Permit Application	Existing Septage Hauler
Storage Tank Registration	Hauler Permit # _____
Other (specify): _____	

III. REQUIRED INFORMATION

1. Section or Rule(s) to which this waiver is being sought:
Env-Wq _____ Env-Wq _____
2. Why a waiver is necessary:
Insufficient Time to Comply with Rule Cannot meet Land Application Standards
Financial Hardship Buffer Distances
Storage Provisions, Stockpiles Storage Provisions, Containers
Other (specify) _____
Please Provide a Brief Explanation:



3. Explain what alternative you propose and provide supporting information (data) as necessary (use additional paper if required):

Alternative Date to Submit Required Information: _____ (date)

Alternative provides similar environmental and/or health protection

Other (specify):

4. Provide a full explanation of how the alternative(s) for which the waiver is sought is consistent with the intent of RSA 485-A (Water Pollution and Waste Disposal) and RSA 485-C (Ground Water Protection Act).

5. Provide a full explanation of how the alternative(s) for which the waiver is sought will provide an equivalent level of protection of human health and the environment.

- IV. **SIGNATURE REQUIREMENTS:** By signing this application, I hereby assert that all information herein is accurate and the owner of the site or facility (if applicable) is in full agreement to this waiver request.

Signature of Applicant

Date

MAIL TO:
Residuals Management Section
Wastewater Engineering Bureau
NH Department of Environmental Services
P.O. Box 95
Concord, NH 03302-0095

Questions? Please call:
(603) 271-7888